Image# 12970842143 PAGE 1 / 25

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An A	Authorized Con	nmittee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the li	If typing, type nes.	12FE4M5	
Kentucky Medical Asso	ciation PAC(Kent	tucky Physicia	ns PAC Fede	eral-KPPAC	Federal)
ADDRESS (number and street)	4965 US Hwy 42				
Check if different	Suite 2000				
than previously reported. (ACC)	Louisville			KY L	46220
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00016444	3	B. IS THIS REPORT	NEW (N) OR	× AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day		ry (12P)	General (	(12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the		ntion (12C)	Special (	12S)
Quarterly Report (Q3	3)	M	M / D D /	YIYIY	in the
Year-End Report (YE	Ē)EI	ection on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electic  Report for the		al (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	EI	ection on	M / D D /	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y	in the State of
5. Covering Period 07	01 20	11 thro	ough 12	/ D D /	2011
I certify that I have examined this	s Report and to the bes	st of my knowledge	and belief it is tr	ue, correct and	complete.
Type or Print Name of Treasurer	David R. Watkins				
Signature of Treasurer David	R. Watkins	[Electr	onically Filed]	Date 04	03 / 2012
NOTE: Submission of false, errone	ous, or incomplete inform	nation may subject t	ne person signing t	this Report to th	e penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004
Only					116v. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

2011 2011 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 49648.88 January 1, 2011 (b) Cash on Hand at 49648.88 Beginning of Reporting Period..... 32658.18 32658.18 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 82307.06 82307.06 6(a) and 6(c) for Column B)..... 12162.06 12162.06 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 70145.00 70145.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

THIS CC

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

	I. Receipts	COLUMN A	COLUMN B
	eceipis	Total This Period	Calendar Year-to-Date
1. (	Contributions (other than loans) From:		
(	a) Individuals/Persons Other		
	Than Political Committees	21800.00	21800.00
	(i) Itemized (use Schedule A)	21000.00	21000.00
	(ii) Unitemized	, 7985.00	7985.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	29785.00	29785.00
(	b) Political Party Committees	0.00	0.00
(	c) Other Political Committees	1500.00	1500.00
1	(such as PACs)d) Total Contributions (add Lines		150000
(	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	31285.00	31285.00
2 1	ransfers From Affiliated/Other		
	Party Committees	0.00	0.00
	-		
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	· · · · · · · · · · · · · · · · · · ·	
	Refunds, Rebates, etc.)	4050.00	
	Carry Totals to Line 37, page 5)	1356.00	1356.00
	Refunds of Contributions Made		
	o Federal Candidates and Other	0.00	0.00
	Political Committees	0.00	0.00
	Other Federal Receipts	17.10	17.10
	Dividends, Interest, etc.)	17.18	17.18
	a) Non-Federal Account		
(	(from Schedule H3)	0.00	0.00
	(IIOIII Odiledale 110)		0.00
,	b) Levin Funds (from Schedule H5)	0.00	0.00
(	b) Leviii Fulias (Iloiti Schedule 115)		5.50
(	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
1	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	32658.18	32658.18
0. 1	otal Federal Receipts subtract Line 18(c) from Line 19)▶		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	10441 11110 1 01104	Calelidai Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N 5 1 101	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	8666.37	8666.37
(c) Total Operating Expenditures		7
(add 21(a)(i), (a)(ii), and (b)) ▶	8666.37	8666.37
Transfers to Affiliated/Other Party		2000.00
CommitteesContributions to	2000.00	2000.00
Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
Ī		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(505)1 05 17(55)		7
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Distance of	405.00	405.60
Other Disbursements	495.69	495.69
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	5.50	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12162.06	12162.06
-,,,,,,,,,,	12 102.00	12102.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	* * * * * * * * * * * * * * * * * * *	
from Line 31)	12162.06	12162.06

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	31285.00	31285.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31285.00	31285.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	8666.37	8666.37
7. Offsets to Operating Expenditures (from Line 15, page 3)	1356.00	1356.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	7310.37	7310.37

Use separate schedule(s) for each category of the

FOR LINE	NUMBER	: PA	GE 6	OF 25				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor James Beattie Jr., MD Date of Receipt Mailing Address 250 Park St 2011 21 City Zip Code State Transaction ID: SA11AI.4178 **Bowling Green** KY 42101 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Bowling Green Associated Pathologists** Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Cheryl Broster Date of Receipt Mailing Address 3629 Winding Woods Ln. 09 21 2011 City State Zip Code Transaction ID: SA11AI.4170 KY Lexington 40515 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Homemaker Receipt For: 2011 Aggregate Year-to-Date ▼ X General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor James Donley MD Date of Receipt Mailing Address 5002 Lago Dr 09 21 2011 City Zip Code State Transaction ID: SA11AI.4190 KY Madisonville 42431-9435 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Center for Orthopaedic Services Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1000.00 2300.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE		7	OF	25
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	3	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor John Downing MD Date of Receipt Mailing Address 985 Matlock Pike 19 2011 10 City Zip Code State Transaction ID: SA11AI.4264 **Bowling Green** KY 42104-7408 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Christopher Frost MD Date of Receipt Mailing Address 120 Tradepark Dr Ste B 09 21 2011 City State Zip Code Transaction ID: SA11AI.4192 KY Somerset 42503 Amount of Each Receipt this Period FEC ID number of contributing 875.00 federal political committee. Name of Employer Occupation Dermatology Center of Lake Cumberland Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary ✓ General 875.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Sandra Frost Date of Receipt Mailing Address 488 Leaf Ln 09 21 2011 City Zip Code State Transaction ID: SA11AI.4176 KY Somerset 42501 Amount of Each Receipt this Period FEC ID number of contributing 875.00 С federal political committee. Name of Employer Occupation Homemaker Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General Other (specify) 875.00 2250.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE		8	OF		25
(check only one)									
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Gregory Gleis MD Date of Receipt Mailing Address 531 Primrose Way 2011 21 City Zip Code State Transaction ID: SA11AI.4196 Louisville KY 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Linda Gleis MD Date of Receipt Mailing Address VAMC PM & R (117) 800 Zorn Ave 09 21 2011 City State Zip Code Transaction ID: SA11AI.4194 KY Louisville 40206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ X General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Robert Granacher MD Date of Receipt Mailing Address 1401 Harrodsburg Rd Ste A400 09 21 2011 City Zip Code State Transaction ID: SA11AI.4198 KY Lexington 40504-3701 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary X General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE		9	OF		25
(check only one)									
X 1	1a	11b		11c		12			
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Richard Heuer MD Date of Receipt Mailing Address 625 Waitsboro Dr 09 2011 City Zip Code State Transaction ID: SA11AI.4282 Somerset KY 42503-8718 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Naren James MD Date of Receipt Mailing Address PO Box 388 80 12 2011 City State Zip Code Transaction ID: SA11AI.4132 KY Stanford 40484 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Stanford Family Medicine & Obstetrics Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary ✓ General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Casey Johnson MD Date of Receipt Mailing Address 6400 Dutchmans Pkwy Ste 125 09 21 2011 City State Zip Code Transaction ID: SA11AI.4204 KY Louisville 40205 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Kentucky Eye Care Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 1600.00

SUBTOTAL of Receipts This Page (optional).....

Name of Employer

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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ı	FOR LINE NUMBER:			PAGE	. 1	10	OF	25		
ı	(check only one)									
	X	11a		11b		11c		12		
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Joseph Kutz MD Date of Receipt Mailing Address 225 Abraham Flexner Way Ste 700 24 2011 City State Zip Code Transaction ID: SA11AI.4144 KY Louisville 40202 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Physician Kleinert Kutz & Assoc HCC PLLC Receipt For: 2011 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Eric Lydon MD Date of Receipt Mailing Address 2000 Long Knife Ct 09 21 2011 City State Zip Code Transaction ID: SA11AI.4216 ΚY 40207 Louisville Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Receipt For: 2011  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Doctor Kevin Martin MD  Mailing Address 5788 Brookstone Dr		Date of Receipt  09 21 2011
City	State Zip Code	Transaction ID : SA11AI.4218
Cincinnati	OH 45230-3596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
The Cranley Surgical Associates	Physician	
Receipt For: 2011  Primary   General  Other (specify)   ▼	Aggregate Year-to-Date ▼ 500.00	

Occupation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

Use separate schedule(s) for each category of the

				PAGE	1	11	OF	25
(check only one)								
<b>X</b> 11a		11b		11c		12		
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Rick Miles MD Date of Receipt Mailing Address 124 Dowell Rd 2011 10 City Zip Code State Transaction ID: SA11AI.4267 Russell Springs KY 42642 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Theodore Miller MD, PhD Date of Receipt Mailing Address 20 Medical Village Dr Ste 268 09 21 2011 City State Zip Code Transaction ID: SA11AI.4220 KY Edgewood 41017-3473 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Head & Neck Surgery Assoc PSC Physician Receipt For: 2011 Aggregate Year-to-Date ▼ X General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mrs. Geraldine Montgomery Date of Receipt Mailing Address 6414 Stinespring Dr 10 19 2011 City Zip Code State Transaction ID: SA11AI.4260 KY Paducah 42001-8674 Amount of Each Receipt this Period FEC ID number of contributing 875.00 С federal political committee. Name of Employer Occupation Homemaker Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General Other (specify) 875.00 1325.00 SUBTOTAL of Receipts This Page (optional).....

	FOR LINE	:	PAGE						
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)								
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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	PAC(Kentucky Physicians PAC Fo	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Doctor Wally Montgomery MD  Mailing Address 117 N 2nd St Ste 2202		Date of Receipt
City Paducah	State Zip Code KY 42001-0741	10 19 2011  Transaction ID : SA11AI.4269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer  Information Requested  Receipt For: 2011	Occupation Physician	
Primary	Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  3. Doctor Eric Neils MD  Mailing Address 904 Squire Oaks Dr		Date of Receipt
City	State Zip Code	09 21 2011 Transaction ID : SA11AI.4224
Villa Hills  FEC ID number of contributing federal political committee.	KY 41017-1371	Amount of Each Receipt this Period 500.00
Name of Employer Radiology Assoc of No KY	Occupation Physician	
Receipt For: 2011  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Doctor Preston Nunnelley Jr., N	ID	Date of Receipt
Mailing Address 1740 Nicholasville Rd		09 21 2011
City Lexington	State Zip Code KY 40503	Transaction ID : SA11AI.4226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Central Baptist Hospital  Receipt For: 2011  Primary  General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  1000.00	_
SUBTOTAL of Receipts This Page (optional).		2375.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	R LINE	NU	IMBER	:	PAGE	_ ′	13	OF	25
(che	eck only	or or	ne)						
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	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Doctor H. Michael Oghia MD  Mailing Address, 726 Hwy 15N Sto 5		Date of Receipt
Mailing Address 726 Hwy 15N Ste 5		09 07 2011
City	State Zip Code	Transaction ID : SA11AI.4166
Jackson	KY 41339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2011	Aggregate Year-to-Date ▼	
Primary	300.00	
Full Name (Last, First, Middle Initial)  Doctor Shirishkumar Patel MD	'	Date of Receipt
Mailing Address 1501 Copper Creek Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	09 21 2011 Transaction ID : \$444 At 4228
Owensboro	KY 42303-1797	Transaction ID : SA11AI.4228  Amount of Each Receipt this Period
FEC ID number of contributing		sain of East Hoodpt this Follow
federal political committee.	C	500.00
Name of Employer	Occupation	
Physicians Affiliated Care PSC	Physician	
Receipt For: 2011	Aggregate Year-to-Date ▼	
Primary	500.00	
Full Name (Last, First, Middle Initial) Doctor Tracy Ragland MD		Data of Receipt
Mailing Address 7101 W Hwy 22		Date of Receipt
7 101 W 11Wy ZZ		11 21 2011
City	State Zip Code	Transaction ID : SA11AI.4286
Crestwood	KY 40014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2011	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	1	14	OF	25
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)  Loctor K. Thomas Reichard MD		Date of Receipt
Mailing Address 2425 Cherokee Pkwy		08 31 2011
City	State Zip Code	Transaction ID : SA11AI.4156
Louisville	KY 40204-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: 2011	Aggregate Year-to-Date ▼	
Primary	500.00	
Full Name (Last, First, Middle Initial)  3. Mrs. Mary-Stuart Reichard		Date of Receipt
Mailing Address 2425 Cherokee Pkwy		08 31 2011
City	State Zip Code	Transaction ID : SA11AI.4152
Louisville	KY 40204-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
	Homemaker	
Receipt For: 2011  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Doctor William Shuffett MD		Date of Receipt
Mailing Address 212 Industrial Drive, Ste A		09 21 2011
City	State Zip Code	Transaction ID : SA11AI.4236
Greensburg	KY 42743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	850.00
Name of Employer	Occupation	
Retired	Retired Physician	
Receipt For: 2011	Aggregate Year-to-Date ▼	
Primary	850.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1850.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	IMBER	:	PAGE	_ ′	15	OF	25	
(che	ck only	or	ne)							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Thomas Slabaugh Sr. MD Date of Receipt Mailing Address 2132 Island Dr 2011 21 City State Zip Code Transaction ID: SA11AI.4238 Lexington KY 40502-3114 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Commonwealth Urology, PSC - LMS Member Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Gordon Tobin II, MD Date of Receipt Mailing Address 1505 Northwind Rd 09 21 2011 City State Zip Code Transaction ID: SA11AI.4244 KY Louisville 40207 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation University Surgical Associates PSC Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary ✓ General

500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Carolyn Watson MD Date of Receipt Mailing Address 2501 Kentucky Ave 09 21 2011 City Zip Code State Transaction ID: SA11AI.4246 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician Pathology Associates of Paducah PSC Receipt For: 2011 Aggregate Year-to-Date ▼ Primary | General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	I	Ξ	7		- 7	Ξ	15	00.00	)
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Carolyn Watson MD Date of Receipt Mailing Address 2501 Kentucky Ave 2011 10 City Zip Code State Transaction ID: SA11AI.4270 Paducah KY 42003 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Pathology Associates of Paducah PSC Physician Receipt For: 2011 Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor John White MD Date of Receipt Mailing Address 712 Tamarack Ct 08 16 2011 City State Zip Code Transaction ID: SA11AI.4134 KY Richmond 40475 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **Pulmonary Associates** Physician Receipt For: 2011 Aggregate Year-to-Date ▼ X General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Kathryn White MD Date of Receipt Mailing Address 1604 Fincastle Rd 09 21 2011

Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	4000.00
TOTAL This Period (last nage this line number	· only)	21800.00

Zip Code

40502

State

KY

С

Occupation

Aggregate Year-to-Date ▼

Physician

500.00

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period

City

Lexington

FEC ID number of contributing

Lexington Outpatient Anesthesia

X General

federal political committee.

Name of Employer

Receipt For: 2011

Primary

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for each category of the Detailed Summary Page			11a		11b	X	11c		12			
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Citizens for Affordable Healthcare Date of Receipt Mailing Address 2011 City State Zip Code Transaction ID: SA11C.4331 KY Louisville Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. PAC to PAC contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 1500.00 TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 25 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Kentucky Medical Association P			
Α.	Full Name (Last, First, Middle Initial) Kentucky Medical Association (KMA)			Date of Receipt
	Mailing Address 4965 US Hwy 42 Suite 2000			08 31 2011
	City	State	Zip Code	Transaction ID : SA15.4330
	Louisville	KY	40222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1356.00
	Name of Employer	Occupation		Refund Overpayment of Admin Fee
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1356.00	]
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	l	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
Ο.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each Necept this Period
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify)	00 0	Year-to-Date ▼	]
5	SUBTOTAL of Receipts This Page (optional)			1356.00

TOTAL This Period (last page this line number only).....

1356.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28b	$ \begin{array}{c cccc} 24 & 25 & 26 \\ 28c & 29 & 30b \end{array} $
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NAME OF COMMITTEE (In Full)		_		
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KM	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			07 06	2011
	State Zip Code			
Louisville	KY 40222		Transaction ID : S	SB21B.4104
Purpose of Disbursement July/ Aug Admin Fee		001	Amount of Each Di	sbursement this Period
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)	Category/ Type		1369.00
Office Sought: House Disburser	ment For: 2011	.,,,,		,
Senate	Primary			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			D ( D: )	
B. Kentucky Medical Association (KN	IA)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			08 10	2011
Louisville	State Zip Code KY 40222		Transaction ID:	SB21B.4106
Purpose of Disbursement Reimburse Postage, Copies, Travel, and Domain N	lame Expenses	001	Amount of Each Di	sbursement this Period
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)	Category/ Type		606.58
Office Sought: House Disburser	ment For: 2011			
Senate	Primary General			
State: President District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KM	A)		Date of Disburseme	ent 
Mailing Address 4965 US Hwy 42			08 / 10	2011
Suite 2000 City	State Zip Code			
Louisville	KY 40222		Transaction ID:	SB21B.4107
Purpose of Disbursement Sept/Oct Admin Fee		001	Amount of Each Di	sbursement this Period
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC F	ederal-KPPAC Federal)	Category/	Amount of Each Di	1369.00
Office Sought: House Disburser	ment For: 2011	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:	•			
SUBTOTAL of Disbursements This Page (optional)		·····		3344.58
TOTAL This Period (last page this line number only)		·····		

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 20 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
Г		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC F	Federal)
Full Name (Last, First, Middle Initial)				
Kentucky Medical Association (KMA)			Date of Disbursem	ent
Mailing Address 4965 US Hwy 42 Suite 2000			09 07	2011
•	tate Zip Code		Transaction ID : SB21B.4110	
Louisville Purpose of Disbursement	KY 40222			
Reimburse Travel Expenses		002	Amount of Each Di	sbursement this Period
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)	Category/ Type		71.57
Office Sought: House Disburse Senate	ment For: 2011 Primary General			
President	Other (specify)			
State: District:	( 1 ) <del> </del>			
Full Name (Last, First, Middle Initial)				
B. Kentucky Medical Association (KM	IA)		Date of Disbursem	ent
Mailing Address 4965 US Hwy 42 Suite 2000			10 12	2011
City Louisville	State Zip Code KY 40222		Transaction ID:	SB21B.4126
Purpose of Disbursement Reimburse Postage and Copies		001	Amount of Each Di	sbursement this Period
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC F	ederal-KPPAC Federal)	Category/ Type		232.10
Office Sought: House Disburse	ment For: 2011	71	,	, , , , , , , , , , , , , , , , , , ,
Senate	Primary Seneral			
State: President  District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KN	IA)		Date of Disbursem	ent
Mailing Address 4965 US Hwy 42 Suite 2000			11 16	2011
	State Zip Code KY 40222		Transaction ID :	SB21B.4111
Purpose of Disbursement November Admin Fee 001				
Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)		Category/ Type	Amount of Each Disbursement this Period 444.00	
Office Sought: House Disburse	ment For: 2011	туре		
Senate	Primary General			
President	Other (specify) ▼			
State: District:	•			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		747.67
TOTAL This Period (last page this line number only	)	·····		

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 21 OF 25
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	VOIVIDEIT.
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		27	28a 28b 28c 29 30b
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or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	// · · · - · · · - · · · · · · · · · · ·		
$ \; angle$ Kentucky Medical Association PAC	(Kentucky Physician	s PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
A. Kentucky Medical Association (KM)	•		
	·/		M M / D D / Y Y Y
Mailing Address 4965 US Hwy 42			11 16 2011
Suite 2000 City S	tate Zip Code		
	KY 40222		Transaction ID : SB21B.4112
Purpose of Disbursement	.0222		
Remainder of Oct Admin Fee		001	Amount of Each Disbursement this Period
Candidate Name	oral KBBAC Fadarall	Category/	204.00
Kentucky Medical Association PAC(Kentucky Physicians PAC Fed	,	Туре	394.00
	ent For: 2011		
	Primary ∑ General  Other (specify) ▼		
State: District:	Officer (Specify)		
Full Name (Last, First, Middle Initial)			
B. Kentucky Medical Association (KM	4)		Date of Disbursement
- Trontaony inibaloal 7 loopolation (1317)	<b>'</b>		M M / D D / Y Y Y Y
Mailing Address 4965 US Hwy 42			11 16 2011
Suite 2000			
•	tate Zip Code KY 40222		Transaction ID : SB21B.4113
Purpose of Disbursement	40222		
Reimburse for Annual Meeting Expenses Copies, w	ristbands, giveaways	001	Amount of Each Disbursement this Period
Candidate Name		Category/	4520.40
Kentucky Medical Association PAC(Kentucky Physicians PAC Fed	,	Type	1536.18
	ent For: 2011		
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Kentucky Medical Association (KM)	7)		Date of Disbursement
Trefficienty Medical / 10000lation (Trivi)	<b>'</b>		M M / D D / Y Y Y Y
Mailing Address 4965 US Hwy 42			12 13 2011
Suite 2000			
,	tate Zip Code KY 40222		Transaction ID : SB21B.4118
Purpose of Disbursement	40222		
December Admin Fee		001 Amount of Each Disburseme	Amount of Each Disbursement this Period
Candidate Name		Category/	111111111111111111111111111111111111111
Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	·	Туре	444.00
	ent For: 2011		
	Primary General		
State: District:	Other (specify) ▼		
State. District.			
SUBTOTAL of Disbursements This Page (optional)			2374.18
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SCHEDULE B (FEC Form 3X)		F05 : :::-	NUMBER: PAGE 22 OF 25	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check or		NE NUMBER: PAGE 22 OF 25 only one)	
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	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and State	ments may not be sold or i	ised by any ners	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nar	ne and address of any polit	ical committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
> Kentucky Medical Association PAC	C(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)	
/			,	
Full Name (Last, First, Middle Initial)			Date of Dishamourant	
Republican Party of Kentucky			Date of Disbursement	
Mailing Address 105 West 3rd Street			12 13 2011	
Maning Address 100 West Sid Street			12 10 2011	
City	State Zip Code		Transaction ID ODOAD (144	
Frankfort	KY 40601		Transaction ID : SB21B.4114	
Purpose of Disbursement Contribution to Republican Party		244		
Candidate Name		011	Amount of Each Disbursement this Period	
Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)	Category/	1000.00	
Office Sought: House Disburse	ment For: 2011	Туре		
Senate	Primary Seneral			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. SA Creative			Date of Disbursement	
<del> </del>				
Mailing Address 10801 Electron Drive			09 07 2011	
City	City State Zip Code			
Louisville	KY 40299		Transaction ID : SB21B.4108	
Purpose of Disbursement				
KPPAC Lapel Pins  Candidate Name  Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)		001	Amount of Each Disbursement this Period	
		Category/	1199.94	
Office Sought: House Disburse	ment For: 2011	Туре	7	
Senate Senate	Primary General			
President	Other (specify) ▼			
State: District:	,			
Full Name (Last, First, Middle Initial)				
C			Date of Disbursement	
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Mailing Address	Address			
City State Zip Code				
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Purpose of Disbursement	Purpose of Disbursement			
Oandidate Name		Amount of Each Disbursement this Period		
Candidate Name		Category/		
Office Sought: House Disburse	ment For:	Туре		
Senate	Primary General			
President	Other (specify)			
State: District:	<b>₹</b>			
SUBTOTAL of Disbursements This Page (optional)			2199.94	
		<u> </u>	2002.27	
TOTAL This Period (last page this line number only	)		8666.37	

SCHEDULE B (FEC Form 3X) [		FOR LINE	NUMBER: PAGE 23 OF 25
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
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NAME OF COMMITTEE (In Full)			
angle Kentucky Medical Association PAC	(Kentucky Physiciar	ns PAC Fe	deral-KPPAC Federal)
Full Name (Lock First Middle Initial)			
,	ull Name (Last, First, Middle Initial)		
<ul> <li>Kentucky Education Medical PAC-S</li> </ul>	entucky Education Medical PAC-State		
Mailing Address 4965 US Hwy 42			07 06 2011
Suite 2000			
	tate Zip Code		Transaction ID : SB22.4333
	KY 40222		Transaction ib . Ob22.4000
Purpose of Disbursement Transfer to Affiliated State PAC		001	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacii Disbursement this Period
Kentucky Medical Association PAC(Kentucky Physicians PAC Federations PAC Feder	eral-KPPAC Federal)	Category/ Type	2000.00
Office Sought: House Disbursem	ent For: 2011	.,,,,	
	Primary Seneral		
President	Other (specify)		
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Mailing Address			
City S	tate Zip Code		
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Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
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	ent For: Primary General		
	Other (specify)		
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Опу 5	ty State Zip Code		
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		Туре	
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	Primary General		
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SUBTOTAL of Disbursements This Page (optional)			2000.00
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TOTAL This Period (last page this line number only).			2000.00

SCHEDULE B (FEC Form 3X)		F05 1	NUMBER: PAGE 24 OF 25
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	Detailed Summary Page	27	28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full)		•	
angle Kentucky Medical Association PAC	(Kentucky Physician	s PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)		<del>-</del>	
	aign Committee		Date of Disbursement
Senate Republican Caucus Campaign Committee			M M / D D / Y Y Y Y
Mailing Address PO Box 1068			12 13 2011
	State Zip Code		Transaction ID : SB23.4116
Frankfort Purpose of Disbursement	KY 40602		
Caucus Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Kentucky Medical Association PAC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)	Type	1000.00
Office Sought: House Disbursen	nent For: 2011		
	Primary General		
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State: District:			
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		Category/ Type	
Office Sought: House Disbursem	nent For:		
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urpose of Disbursement		Amount of Foot Bill	
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		Category/ Type	
Office Sought: House Disbursen	nent For:	71	
	Primary General		
	Other (specify) ▼		
State: District:			
			4000.00
SUBTOTAL of Disbursements This Page (optional)		······	1000.00

S	CHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 25 OF 25
	EMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE   (check onl	NOMBEIT.
. 1		for each category of the Detailed Summary Page	` 21b	22 23 24 25 26
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	y information copied from such Reports and Staten			
or	for commercial purposes, other than using the name	ie and address of any polit	ical committee t	o solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)	o/// a rational modernal al-	DAO E	
/	Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC Federal)
_	Full Name (Last, First, Middle Initial)			
A.	PNC Bank			Date of Disbursement
	W 21 A 11			M M / D D / Y Y Y Y
	Mailing Address 2500 Lime Kiln Lane			10 31 2011
	City State Zip Code			
	Louisville	KY 40222		Transaction ID : SB29.4123
	Purpose of Disbursement			
	October Credit Card Merchant Fees		001	Amount of Each Disbursement this Period
	Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Fer	deral-KPPAC Federal)	Category/	244.15
	Office Sought: House Disburser	nent For: 2011	Type	
		Primary Seneral		
	President	Other (specify) ▼		
	State: District:			
_	Full Name (Last, First, Middle Initial)			
В.	PNC Bank			Date of Disbursement
	Mailing Address 2500 Lime Kiln Lane		11 30 2011	
	Mailing Address 2500 Lime Kiin Lane			30 2011
	City	State Zip Code		Transaction ID : SB29.4124
	Louisville	KY 40222		- 1741134041011115 . 0523.4124
	Purpose of Disbursement November Credit Card Fees		001	Amount of Each Disbursement this Period
	Candidate Name			Amount of Each bisbursement this renou
	Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	deral-KPPAC Federal)	Category/ Type	122.95
	Office Sought: House Disburser	nent For: 2011	, ,,	
	Senate	Primary Seneral		
	President State: District:	Other (specify) ▼		
_	State: District: Full Name (Last, First, Middle Initial)			
	PNC Bank			Date of Disbursement
	I NO Bank			M M / D D / Y Y Y Y
	Mailing Address 2500 Lime Kiln Lane			12 31 2011
	City S Louisville	State Zip Code KY 40222		Transaction ID : SB29.4125
	Purpose of Disbursement	70222		-
	December Credit Card Merchant Fees		001	Amount of Each Disbursement this Period
	Candidate Name Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	oderal-KDDAC Federal)	Category/	32.30
		•	Type	32.30
	Office Sought: House Disburser Senate	nent For: 2011 Primary		
	President	Other (specify)		
	State: District:	- · · · · (- - 30·· · j /   ▼		
Г				
s	UBTOTAL of Disbursements This Page (optional)			399.40
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T	OTAL This Period (last page this line number only)			399.40